

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY / LAND DEVELOPMENT

WHITTIER (UNIC)  
13523 TELEGRAPH ROAD  
WHITTIER CA 90605  
PHONE: (562) 946-1390

# 0400

ELECTRICAL PERMIT  
EL 0400 1002020025

[illegible]

# OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).;

( ) I, as owner of the property, or my employees with wages as their sole compensation, will do (✓) all of or ( ) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

( ) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

( ) I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Date: \_\_\_\_\_

Signature of Property Owner or Authorized Agent

# LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class B

License No. 554143

Date 2-2-10 Contractor Signature [Signature]

# WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant [Signature] Date 2-2-10

# LOBBYIST ORDINANCE CERTIFICATION

Complete this section for permits in Unincorporated Los Angeles County only. This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself compiled and will continue to comply therewith through the application process.

Applicant (Print Name) [Signature] Applicant Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

# JOB ADDRESS

LOCALITY \_\_\_\_\_

# HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide?

Yes ☐ No ☐

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

Yes ☐ No ☐

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

# ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD and/or EPA  
☐ I declare that notification of asbestos removal is not applicable to addressed project.

# DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

By my signature below, I certify to each of the following:  
I am the property owner or authorized to act on the property owner's behalf.  
I have read this application and the information I have provided is correct.  
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.  
I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent

Date 2-2-10

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY / LAND DEVELOPMENT

WHITTIER (UNIC)  
13523 TELEGRAPH ROAD  
WHITTIER CA 90605  
PHONE: (562) 946-1390 EXT:  
# 0400

PLUMBING PERMIT  
PL 0400 1002020018

[illegible]

# OWNER-BUILDER DECLARATION

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License Class B License No. 554143  
Date 2-2-10 Contractor Signature [Signature]

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Name of Agent \_\_\_\_\_ Phone Number \_\_\_\_\_  
I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant [Signature] Date 2-2-10

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Applicant (Print Name) [Signature] Applicant Signature \_\_\_\_\_  
Company Name \_\_\_\_\_ Date \_\_\_\_\_

# JOB ADDRESS

# LOCALITY

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Lender's Address \_\_\_\_\_

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I have read this application and the information I have provided is correct.  
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I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent [Signature]  
Date 2-2-10

MECHANICAL PERMIT  
ME 0400 1002020010

REPORT ID: DPR264 ROUTE TO: BS0400

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License Class B

License No. SS 4143

Date 2-2-10 Contractor Signature [Signature]

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Policy No. \_\_\_\_\_

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Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

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Applicant (Print Name) Sevius, Ca.

Applicant Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Date \_\_\_\_\_

JOB ADDRESS

LOCALITY

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Yes ☐

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